## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10723514

|  |  |   |                                |                                   |                     |                          |       | <del></del>       |                        |       |                            |                        |
|--|--|---|--------------------------------|-----------------------------------|---------------------|--------------------------|-------|-------------------|------------------------|-------|----------------------------|------------------------|
|  |  | CLAIMS A                                  | S FILED -<br>(Column           |                                   | (Column 2)          |                          |       | SMALL ENTITY TYPE |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 12                             |                                   |                     |                          | RA    | TE                | FEE                    | 7     | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                   |                                   | NUMBER EXTRA        |                          | BASI  | C FEE             | 385.00                 | OR    | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | \ <b>2</b> minus 20=           |                                   | *                   |                          | X\$   | 9=                |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | mi                             | nus 3 =                           | *                   | *                        |       | 3=                |                        | OR    | X86=                       | · · ·                  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT                         |                                   |                     |                          |       | 15=               |                        | 1     | +290=                      |                        |
| * If the difference in column 1 is   |  |   | less than zero, enter "0" in o |                                   |                     | column 2                 | TO    |                   |                        | OR    | TOTAL                      | 776                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                |                                   |                     |                          | , ,   | .,                | <u> </u>               | ] 011 | OTHER                      |                        |
|  |  | (Column 1)                                | (Colum                         |                                   | nn 2)               | (Column 3)               | SM    | SMALL ENTITY      |                        | OR    | SMALL                      |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                | HIGH<br>NUMI<br>PREVIC<br>PAID    | BER<br>DUSLY        | PRESENT<br>EXTRA         | RA    | TE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                                |                     | =                        | X\$   | 9=                |                        | OR    | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                          | ***                               |                     | <u> </u>                 | X4:   | 3=                |                        | OR    | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                   |                     |                          | +14   | 5=                |                        | OR    | +290=                      |                        |
|  |  |   |                                |                                   |                     |                          |       | OTAL              |                        |       | TOTAL                      |                        |
|  |  | ADDIT.                                    | FEE                            | ,                                 | ION.                | ADDIT. FEE               |       |                   |                        |       |                            |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER         |                                | (Colun<br>HIGHI<br>NUME<br>PREVIC | EST<br>BER<br>OUSLY | (Column 3) PRESENT EXTRA | RA    | ΓE                | ADDI-<br>TIONAL        |       | RATE                       | ADDI-<br>TIONAL        |
|  | Total  | *   | Minus                          | PAID F                            | -OR                 | =                        | X\$   | 9=                | FEE                    | OR    | X\$18=                     | FEE                    |
|  | Independent                                    | *   | Minus                          | ***                               |                     | =                        | X43   |                   |                        | İ     | X86=                       | · ·                    |
| ٧  | FIRST PRESE                                    | NTATION OF ML                             | JLTIPLE DEP                    | ENDENT                            | CLAIM               |                          |       | , <u> </u>        |                        | OR    | 700=                       |                        |
|  |  |   |                                |                                   |                     |                          | +14   | 5=                |                        | OR    | +290=                      |                        |
|  |  |   |                                |                                   |                     |                          |       | TAL<br>FEE        |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|  |  |   |                                |                                   |                     |                          |       |                   |                        |       |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY         | PRESENT<br>EXTRA         | RAT   | Έ                 | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                                |                     | =                        | X\$ 9 | <del>)</del> =    |                        | OR    | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                          | ***                               |                     | =                        | X43   | _                 |                        | OR    | X86=                       |                        |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                   |                     |                          | +145  | ; <u> </u>        |                        | OR    | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                |                                   |                     |                          |       |                   |                        |       |                            |                        |